40. *Treatment of Hydrocele in Children.*—M. Richard, while attending for M. Guersant at the Hôpital des Enfans, met with no less than twelve cases of this affection in the course of one month; and although accident may have led to this accumulation, he yet believes that it is of more common occurrence than is usually supposed.

The hydrocele of children is commonly termed congenital, and as in the great majority of cases the vaginalis communicates with the peritoneum, *congenital persistence* seems to be one of the conditions of the disease. Not that all these serous collections can be reduced by the hand, for it is more common to find them irreducible; but nearly all of them, if watched sufficiently long, are found appearing and disappearing, increasing and diminishing, from time to time. Of these twelve cases, two only were purely funicular, the ten others invading the scrotum and cord. The cysts of the cord, which often simulate a third testis, are in children and adolescents developed in the funicular portion of the persistent vaginalis; while in the adults we observe cysts of the epididymis, containing a turbid fluid and spermatozoa.

Experience has shown that, in the treatment of these hydroceles, the persistence of the communication with the peritoneum is not of the importance that might have been expected. M. Richard's cases are treated in the following manner: 1. The liquid is evacuated to the last drop by means of a short exploratory trocar, of very small calibre. 2. An assistant exerts compression upon the lower part of the belly and the track of the inguinal canal. 3. From six to seven grammes of alcohol (40° of Beaumé's areometer) are then thrown in. 4. The canula is suddenly withdrawn so as to leave the fluid in the sac; and after continuing compression over the inguinal canal for a minute, the operation is concluded. The consequences are very simple. The tumour increases a little towards evening, becomes a little painful next day, after when all pain entirely ceases. From the tenth to the fifteenth day, the tumour entirely disappears, and the child is cured. If he is of an age to admit of it, he is allowed to walk or play about after the operation. Sometimes, at the instant of withdrawing the canula, owing to the strong contraction of the cremaster and dartos, a little of the injected fluid is expelled, the little patient being at the same time seized with erection, or even expelling his feces. But this is of no consequence. Sometimes, however, a few drops of the fluid enter between the skin and the vaginalis. This is followed by redness of the skin, and the formation of a small abscess which bursts of its own accord, without interfering with the progress of the cure. The *smallest possible trocar* must be employed in this delicate operation, although, without practice, such an instrument is more difficult to use. We must render the hydrocele very tense with the left hand, isolating it as much as possible, and holding the trocar in the right hand, apply the pulp of the thumb and the index finger very near the pointed extremity of the instrument. In place of thrusting this in, as in the adult, we must insinuate its point as if using a bistoury. When the cure has been obtained, a good precaution consists in wearing an inguinal bandage for three or four months; for a principal advantage of the operation for congenital hydrocele, is derived from the protection it affords against the production of hernia.—*British and Foreign Medico-Chirurgical Review*, July, 1857, from *Gazette des Hôpitaux*, No. 41, 1857.

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41. *Enucleation Treatment of Uterine Fibrous Tumours.*—Mr. J. Hutchinson has given (*Med. Times and Gaz.*, Aug. 8 and 15, 1857) an interesting report on this subject. The following are his conclusions:—

"1. That surgical interference with interstitial fibrous tumours of the uterus is always attended with very considerable risk, and ought not to be practised except under circumstances of urgency, or when the position of the growth is peculiarly tempting.

2. That when the tumour is not of very large size, and is already partially extruded, the operation is rendered comparatively devoid of danger, and ought to be performed at once.

3. When the tumour is yet wholly imbedded, and even when of large size,

the enucleation treatment is yet warrantable if the patient's life be threatened by hemorrhage.

4. That primary enucleation, where at all easily practicable, is much preferable to the secondary method.

5. That where the tumour is very large, or where found after the incisions to be firmly united to its capsule, the secondary plan should be preferred.

6. That whichever plan it is intended to adopt, the first incision should, excepting under unusual circumstances, be made from within the cavity of the cervix, and should be as free as possible.

7. That the danger of hemorrhage from this incision is very slight indeed.

8. That as much should be done as practicable at the first operation in the way of freeing the tumour from its cyst. Thus, if the adhesion be found more loose than had been expected, a primary enucleation may be completed where the slower plan had been proposed.

9. That the after-treatment in cases of primary enucleation should consist in warding off the shock by opiates, in sustaining the strength, and in the free use of stimuli and nutritious diet.

10. That in cases of secondary enucleation, the ergot of rye should be administered, so as to keep up vigorous uterine action, that the greatest attention should be paid to sustaining the patient's strength, and to the removal of discharge and shreds of slough as fast as formed.

11. That in cases of great exhaustion and threatened pelvic inflammation, the internal use of turpentine is of great value.

12. That in cases of secondary enucleation the surgeon need not be anxious about the removal of the tumour *en masse*, but may entertain a good confidence that if it have taken on a sloughy state in its lower part that the death and piecemeal disintegration of the whole will follow.

13. That the "recurrent fibroid" tumours slough away yet more readily after interference than the true fibrous ones, although liable to return after a short interval of health.

14. That after a successful enucleation procedure, complete, though gradual, restoration to good health may be expected."

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42. *Ovariotomy.*—Dr. CHARLES CLAY, of Manchester, states (*Edinburgh Med. Journal*, June, 1857), that he has performed this operation in 79 cases, of which 24 terminated fatally, and 55 in recovery.

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43. *Concretions of the Prostate.*—Mr. H. THOMPSON read before the Royal Med. and Chirurg. Soc. (June 9th) a paper on the concretions of the prostate, their mode of production, and their relation to the formation of prostatic calculi—the result of observations made upon upwards of fifty dissections of the prostate.

The existence of "concretions" of microscopic size has been established in every one of the fifty specimens of the prostate exhibited. In many, their size was that of a poppy-seed. They had been found, also, in the organ at 14 years of age. Their physical and chemical characters (the latter by rigid analysis) were given at considerable length. Their existence was concluded to be a necessary result of the performance of natural functions on the part of the prostate. After numerous observations, it appeared that the formation of a concretion frequently originated in the aggregation of a yellowish matter, often seen within the secreting nuclei lining the gland-ducts and pouches, often found free in yellowish granules, sometimes stuffing small ducts and follicles, and seen floating in the form of small prostatic fluid, as well as in the contents of the vesiculæ seminales. In the larger masses of this yellow matter, entirely occupying the interior of crypts or follicles, the small granules may be seen cohering, or as if fusing together, and presenting an appearance identical with that which is often seen existing in the centre of fully formed concretions. It was concluded that the coalescence of these yellow granules, or of the nuclei charged with them, their partial fusion into a mass more or less homogeneous, the stratification in part of this mass itself, or more probably the deposit upon its surface of fresh layers of fluid matter similar to that which originally constituted